



**Everything You Wanted to Know About YOUR Police and Fire Department  
But Were Afraid to Ask ... or Didn't Know Who to Ask ...**

*The CITY of RIVERDALE PUBLIC SAFETY DEPARTMENT Presents...*

## **Citizen Public Safety Academy**

- WHEN?** February 25, 2010 – May 6, 2010  
Thursday evenings, 6:00 p.m. - 9:00 p.m.
- WHERE?** Riverdale Police Department, 6690 Church Street,  
Riverdale, GA 30274
- WHY?** We believe that education is a significant factor in gaining understanding and support from the community. The purpose of the Citizen Public Safety Academy is to foster better communication between citizens and the public safety departments through education and citizen feedback.
- WHO?**
1. Residents and workers of the City of Riverdale
  2. At least 18 years of age
  3. No felony convictions
- HOW?** Complete the enrollment application and return to:  
Sergeant Nicole Rabel, Community Service Office  
City of Riverdale Police Department  
6690 Church Street, Riverdale, GA 30274  
Or Email: [nrabel@riverdalega.gov](mailto:nrabel@riverdalega.gov)  
Or Fax: (770) 996-1913
- WHAT?** Classes will be taught by Riverdale's Finest: certified police officers, fire fighters, supervisors, civilian instructors, and command officials. Examples of topics include:
- ❖ Community Oriented Policing, Gangs & Drug Awareness
  - ❖ Public Safety Procedures & 911
  - ❖ Fire Safety & Extrication
- COST?** FREE
- MORE?** Contact Sergeant Nicole Rabel at [nrabel@riverdalega.gov](mailto:nrabel@riverdalega.gov) or (770) 909-5416, APPLICATIONS DUE BY FEBRUARY 8, 2010.



**Riverdale Public Safety Department  
Citizen Public Safety Academy  
APPLICATION FOR ENROLLMENT**

PLEASE PRINT

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Male**\_\_\_\_ **Female**\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Occupation/Position:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Community Group Affiliation (if any):** \_\_\_\_\_

**Why do you wish to attend the Citizen Public Safety Academy?**

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the Citizen Public Safety Academy?**

\_\_\_\_\_

**Have you ever been convicted of a felony?**    **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

*I hereby authorize the Riverdale Police Department to make an examination of my criminal history records and driving records, for the purpose of evaluating my eligibility for the Citizen Public Safety Academy. I fully understand that incorrect, misleading, or incomplete information may be cause for rejection of my application.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return completed form by FEB. 8.:**

Sergeant Nicole Rabel  
Riverdale Police Department  
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Riverdale, GA 30274  
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Fax: (770) 996-1913